



Department of Insurance
State of Arizona
Financial Affairs Division
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Telephone: (602) 912-8420 Fax: (602) 912-8421

**CERTIFICATION OF DOMESTIC UNAFFILIATED CREDIT LIFE AND DISABILITY REINSURER
PURSUANT TO A.R.S. § 20-1082(2)**

To be filed upon initial application and annually thereafter in conjunction with the Annual Statement

Full and Exact Corporate Name _____

NAIC Number (if none, so state) _____ ; **OR** Arizona Company Code No. (if renewal) _____

Federal ID Number _____

Fiscal Year End: _____ December 31 _____ Other (specify) _____

Check one: _____ Initial Application _____ Annual Certification

The undersigned hereby certify that the named Company complies in all respects with the requirements of Arizona Revised Statutes applicable to Unaffiliated Credit Life and Disability Reinsurers including without limitation, the following:

1. The Company's insurance operations consist solely of reinsurance of credit life or credit disability insurance that is issued according to Chapter 6, Article 10, Title 20 of Arizona Revised Statutes, or that is issued according to substantially similar laws of another state by an insurer that is authorized in Arizona.
2. The Company is not "affiliated," as defined in A.R.S. § 20-481, with any other insurer as defined in A.R.S. § 20-104.
3. The Company possesses and will maintain unimpaired capital stock of not less than seventy-five thousand dollars (\$75,000) in accordance with A.R.S. § 20-1085(B), and;

(Initial the line at the left of the applicable statement)

_____ The unimpaired capital of the Company is not represented by a letter of credit.

_____ The unimpaired capital of the Company is represented by a clean, irrevocable and unconditional letter of credit issued by a Qualified Financial Institution, as defined in A.R.S. § 20-261.03 and as approved by the Department, that is payable to the Arizona Director of Insurance and contains a qualifying "Evergreen Clause" that it is automatically renewable and the issuing financial institution will provide the Arizona Director of Insurance with not less than 60 days advance written notice of non-renewal. The letter of credit is (check applicable) _____ delivered herewith, or _____ on deposit with the State Treasurer's Office through the Arizona Department of Insurance.

4. The Company is and will remain in compliance with A.R.S. § 20-1094 regarding the filing and approval of reinsurance agreements, and with A.R.S. § 20-260 regarding the limitation of risk (retention on any one risk shall not exceed 10% of Company's capital and surplus). Attached to this certification is:
 - a) A list of all of the Company's reinsurance agreements that includes for each:
 - i) Name of ceding insurer.
 - ii) Effective date of agreement and of any amendments.
 - iii) Method of security (i.e., funds withheld or trust account).
 - iv) Date approved by Arizona Department of Insurance or if approval is pending, state "pending".
 - b) **For Initial Applications only:**

(Initial the line at the left of the applicable statement)

- _____ i) For each approved agreement, a copy of the cover page bearing the Department's "Approved" stamp.
- _____ ii) For each agreement filed herewith, two (2) copies of the agreement and any related trust agreements.
- _____ iii) For each trust agreement, a completed Form E1603, Trust Agreement Checklist.

6. Pursuant to A.R.S. § 20-1094.01, liabilities that are assumed under reinsurance agreements are secured with (check applicable) _____ funds withheld by the ceding insurer, or _____ funds maintained in a trust account that complies with A.A.C. R20-6-1603 or with a substantially similar rule of the ceding insurer's domiciliary state, in an amount that is not less than one hundred ten percent of the amount of the liabilities assumed, or _____ clean, irrevocable and unconditional Letter(s) of Credit that comply with A.A.C. R20-6-1604.

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AFFIDAVIT OF VERIFICATION

State of _____)

County of _____)

_____, President, and _____ ,
Secretary of _____, being duly sworn, each for him(her)self
deposes and says that they have reviewed the above statements and have performed any steps to obtain reasonable
assurance of their truthfulness, and that the above statements are full and true according to the best of their information,
knowledge and belief, respectively.

_____ President

_____ Secretary

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

Commission Expires: _____

Note: Provide a certified Corporate Resolution of Authorization for signers other than the President and Secretary.